



## Complete Summary

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### TITLE

Hospital inpatients' experiences: percentage of adult inpatients who reported how often the hospital staff was responsive to their needs.

### SOURCE(S)

Agency for Healthcare Research and Quality (AHRQ). CAHPS hospital survey. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Feb 1. 4 p.

Centers for Medicare & Medicaid Services (CMS). HCAHPS survey [http://www.hcahpsonline.org]. [Web site]. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); [updated 2007 Mar 09]; [accessed 2006 Jun 21]. [various].

## Measure Domain

### PRIMARY MEASURE DOMAIN

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of respondents who reported how often ("Always," "Usually," "Sometimes," "Never," or "I never pressed the call button") the hospital staff was responsive to their needs. The "Responsiveness of Hospital Staff" composite measure is based on two questions on the CAHPS Hospital Survey.

**Note:** A composite score is calculated in which a higher score indicates better quality. Composite scores are intended for consumer-level reporting. Additionally, frequency distributions are available for plans or providers to use for quality improvement purposes.



## **RATIONALE**

The intent of the CAHPS Hospital Survey (also known as Hospital CAHPS or HCAHPS) initiative is to provide a standardized survey instrument and data collection methodology for measuring patients' perspective on hospital care. While many hospitals collect information on patient satisfaction, there is no national standard for collecting or publicly reporting this information that would enable valid comparisons to be made across all hospitals. In order to make "apples to apples" comparisons to support consumer choice, it is necessary to introduce a standard measurement approach.

Three broad goals have shaped the HCAHPS survey. First, the survey is designed to produce comparable data on the patient's perspectives on care that allows objective and meaningful comparison among hospitals on domains that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey will be credible, useful, and practical.

## **PRIMARY CLINICAL COMPONENT**

Health care; inpatients' experiences; responsiveness of hospital staff

## **DENOMINATOR DESCRIPTION**

Hospital inpatients with an admission during the reporting period who answered the "Responsiveness of Hospital Staff" questions on the CAHPS Hospital Survey (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

## **NUMERATOR DESCRIPTION**

The number of respondents from the denominator who indicated "Always," "Usually," "Sometimes," "Never," or "I never pressed the call button" on the two questions regarding their experiences with the responsiveness of hospital staff

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal



## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Use of this measure to improve performance  
Variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Agency for Healthcare Research and Quality (AHRQ). 2007 CAHPS hospital survey chartbook: what patients say about their experiences with hospital care. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2007 May. 62 p.(AHRQ Pub.; no. 07-0064-EF).

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement  
National reporting  
Quality of care research

## Application of Measure in its Current Use

### CARE SETTING

Hospitals

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age greater than or equal to 18 years

### TARGET POPULATION GENDER

Either male or female



## **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### **Characteristics of the Primary Clinical Component**

#### **INCIDENCE/PREVALENCE**

Unspecified

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

#### **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

### **Institute of Medicine National Healthcare Quality Report Categories**

#### **IOM CARE NEED**

Getting Better  
Living with Illness

#### **IOM DOMAIN**

Patient-centeredness

### **Data Collection for the Measure**

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

Hospital inpatients with an admission during the reporting period meeting eligibility criteria (see the "Denominator Inclusions/Exclusions" field)



The basic sampling procedure\* for HCAHPS entails drawing a random sample of eligible discharges on a monthly basis. Sampled patients should be surveyed between 48 hours and six weeks post discharge.

\***Note:** Refer to the "CAHPS Hospital Survey: Survey Administration Instructions" listed in the "Companion Documents" field for details.

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Hospital inpatients with an admission during the reporting period who met the following eligibility criteria and who answered the "Responsiveness of Hospital Staff" questions on the CAHPS Hospital Survey:

- 18 years or older at the time of admission
- Admission includes at least one overnight stay in the hospital
- Non-psychiatric principal diagnosis at discharge
- Alive at the time of discharge
- Not eliminated from participation based on state regulations

### **Exclusions**

The following patients are excluded:

- Pediatric patients (under age 18 at admission)
- Psychiatric patients
- Patients who did not have an overnight stay
- Patients who die during their hospital stay
- Patients excluded as required by state law or regulation
- Patients who are prisoners
- Patients discharged to hospice
- Patients with a foreign address

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Institutionalization

## **DENOMINATOR TIME WINDOW**

Time window follows index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**



**Inclusions**

The number of respondents from the denominator who indicated "Always," "Usually," "Sometimes," "Never," or "I never pressed the call button" on the two questions\* regarding their experiences with the responsiveness of hospital staff

\*"Responsiveness of Hospital Staff" questions:

- Q4: During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
- Q11: How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Encounter or point in time

**DATA SOURCE**

Administrative data and patient survey

**LEVEL OF DETERMINATION OF QUALITY**

Not Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Weighted Score/Composite/Scale

**INTERPRETATION OF SCORE**

Unspecified

**ALLOWANCE FOR PATIENT FACTORS**



## Case-mix adjustment

### DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

One of the methodological issues associated with making comparisons between hospitals is the need to adjust appropriately for patient-mix differences, survey mode, and non-response. Patient-mix refers to patient characteristics that are not under the control of the hospital that may affect measures of patient experiences, such as demographic characteristics and health status. The basic goal of adjusting for patient-mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients.

Before public reporting hospital results, CMS will adjust for patient characteristics that affect ratings and are differentially distributed across hospitals. Most of the patient-mix items are included in the "About You" section of the instrument, while others are from administrative records. Based on the pilot data, and consistent with previous studies of patient-mix adjustment in CAHPS and in previous hospital patient surveys, we may use the following variables in the patient-mix adjustment model:

- Type of service (medical, surgical, maternity care)
- Age (specified as a categorical variable)
- Education (specified as a linear variable)
- Self-reported general health status (specified as a linear variable)
- Language other than English spoken at home
- Interaction of age by service

Once the data are adjusted for patient-mix, there will be a fixed adjustment for each of the reported measures for mode of administration (mail, telephone, mail with telephone follow-up, and active Interactive Voice Recognition). The patient-mix adjustment will use a regression methodology also referred to as covariance adjustment. We will also explore additional adjustments for length of time between discharge and completion of survey.

### STANDARD OF COMPARISON

External comparison at a point in time

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

The CAHPS Hospital Survey has been through extensive testing since the fall of 2003.

*Pilot testing.* Centers for Medicare and Medicaid Services (CMS) conducted pilot tests of the draft instrument through a contract with the Quality Improvement Organizations (QIOs) in three states: Arizona, Maryland, and New York. This pilot test included 132 hospitals and resulted in over 19,000 completed surveys. Testing began in June 2003 and ended in August 2003.



*Focus groups.* Agency for Healthcare Research and Quality (AHRQ) and CMS conducted six focus groups with consumers in October 2003 and another 10 in March 2004. These focus groups were conducted in four cities and included adults who had recently been in a hospital or who were caregivers for someone who had recently been in a hospital.

*Additional field testing.* Over a 6-month period beginning in the fall of 2003, the CAHPS Consortium tested the instrument in five volunteer sites encompassing over 375 hospitals:

- Calgary Health Region
- California Institute for Health System Performance
- California Regions of Kaiser Permanente
- Massachusetts General Hospital, and
- Premier Incorporated

The CAHPS Team used these field tests to learn more about the instrument, sampling processes, data collection processes, and other issues to survey implementation.

*Pre-implementation testing.* In the summer of 2004, the CAHPS Consortium worked with hospitals and vendors that volunteered to test the current instrument in order to identify ways to minimize the potential burden and disruption posed by the survey. Working with these test sites, researchers investigated various approaches to integrating the survey items into existing questionnaires as well as alternative protocols for administering the survey.

More pre-implementation testing took place in the spring and summer of 2005. Participants used this opportunity to integrate their own items into the CAHPS Hospital Survey and experiment with other issues related to sampling and survey administration.

## **EVIDENCE FOR RELIABILITY/VALIDITY TESTING**

Agency for Healthcare Research and Quality (AHRQ). Development and testing of the CAHPS hospital survey. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2006 Jan 11]; [accessed 2006 Mar 08]. [3 p].

### **Identifying Information**

#### **ORIGINAL TITLE**

Responsiveness of hospital staff.

#### **MEASURE COLLECTION**

[CAHPS Hospital Survey](#)

#### **SUBMITTER**



Centers for Medicare & Medicaid Services

**DEVELOPER**

Agency for Healthcare Research and Quality  
CAHPS Consortium  
Centers for Medicare & Medicaid Services

**FUNDING SOURCE(S)**

Centers for Medicare & Medicaid Services

**COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Agency for Healthcare Research and Quality (AHRQ) CAHPS Grantees and the  
Division of Consumer Assessment & Plan Performance, Centers for Medicare &  
Medicaid Services

**FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

None

**ENDORSER**

National Quality Forum

**INCLUDED IN**

Hospital Quality Alliance

**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2005 May

**MEASURE STATUS**

This is the current release of the measure.

**SOURCE(S)**

Agency for Healthcare Research and Quality (AHRQ). CAHPS hospital survey.  
Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Feb 1.  
4 p.

Centers for Medicare & Medicaid Services (CMS). HCAHPS survey  
[<http://www.hcahpsonline.org>]. [Web site]. Baltimore (MD): Centers for Medicare



& Medicaid Services (CMS); [updated 2007 Mar 09]; [accessed 2006 Jun 21]. [various].

## **MEASURE AVAILABILITY**

The individual measure, "Responsiveness of Hospital Staff," is published in the "CAHPS Hospital Survey: Survey Instructions." This document is available in Portable Document Format (PDF) from the [CAHPS Hospital Survey Web site](#).

## **COMPANION DOCUMENTS**

The following are available:

- Information and numerous documents about HCAHPS are available from the [CAHPS Hospital Survey Web site \(www.hcahpsonline.org\)](http://www.hcahpsonline.org).
- Centers for Medicare & Medicaid Services (CMS). CAHPS Hospital Survey. Quality assurance guidelines version 2.0. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2007 Jan. 241 p. This document is available in Portable Document Format (PDF) from the [CAHPS Hospital Survey Web site](#).
- Agency for Healthcare Research and Quality (AHRQ). 2007 CAHPS hospital survey chartbook: what patients say about their experiences with hospital care. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2007 May. 62 p. (AHRQ Pub.; no. 07-0064-EF). This document is available in Portable Document Format (PDF) from the [CAHPS Web site](#). See the related [QualityTools](#) summary.

## **NQMC STATUS**

This NQMC summary was completed by ECRI on June 20, 2006. The information was verified by the measure developer on September 19, 2006.

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